



Telephone # 253-931-3038 Fax # 253-876-1900  
Mailing Address: 25 West Main Street, Auburn WA 98001  
[Utilities@auburnwa.gov](mailto:Utilities@auburnwa.gov)

**Utility Rebate Program**  
**Residency Verification Form**  
**To be filled out by Property Manager**

**Apartment / Mobile Home Park:**

Name \_\_\_\_\_

Address \_\_\_\_\_

**Applicant Name(s) on Lease:**

Name(s) \_\_\_\_\_ Unit # \_\_\_\_\_

\_\_\_\_\_

**The undersigned certifies, subject to the penalties of perjury, that:**

1. The Applicant(s) listed above has/have THE RENTAL AGREEMENT OR LEASE IN THEIR NAME(S) at the address and unit number indicated above.
2. The Applicant(s) has/have lived at the property above for \_\_\_\_\_ month(s) during the months from May 1, 2013 – April 30, 2014.

**Property Management or Owner:**

**Please Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_